

Register Online: njcpathfinderfunday2013.eventbrite.com

NJC PATHFINDER FUN DAY
May 05, 2013

Club Name _____ Church _____
Director _____ Phone _____
Address _____
Street _____ City _____ State _____ Zip _____
Code _____
Cell Phone _____ Email _____

Registration Fee:

Club Director is free *Only* if registered by April 18 _____ x \$00.00 = \$00.00

Regular Registration per person by April 18 – including t-shirt/patch _____ x \$16.00 = \$ _____

Late Registration per person by May 1st – t-shirt NOT guaranteed _____ x \$18.00 = \$ _____

TOTAL _____ **TOTAL** = \$ _____

Total Enclosed \$ _____

Payment options: (please make checks/money orders payable to NJ Conference of SDA Inc.)

___ Check/Money Order ___ Master Card/Visa

Cardholder Name _____ Phone _____
Complete Billing Address _____
Card Number _____ Exp Date _____ CVV _____

Please mail registration form WITH payment to:

New Jersey Conference Youth Ministries
2303 Brunswick Ave.
Lawrenceville NJ 08648

T-shirt Quantity:

Youth L _____ Youth XL _____

Adult S _____ Adult M _____ Adult L _____

Adult XL _____ Adult 2XL _____

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830am	Check-In (Must present notarized forms and first aid kit)
855am	Roll Call
	Welcome
	Devotional
	Prayer
930am	Games start
1230pm	Lunch – clubs must bring their own lunch. Clubs may also sell food and Fundraise.
130pm	Roll Call
145pm	Games continue
4pm	Roll Call
	Closing

*Please note: Clubs must be in type C uniform (club t-shirt & jeans or shorts).

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First Aid Supplies Needed Per Club	Quantity for <10 Members	Quantity for >10 Members	Quantity for >20 Members
Non Latex gloves or other sterile gloves (Pair)	3	5	10
Sterile Dressings	4	8	15
Gauze Pads, Ace Bandages	3 pkgs	5 pkgs	7 pkgs
Butterfly Bandages	3	5	7
Adhesives Bandages (Assorted)	20	30	50
Cleansing Agent (soap and antibiotic towelettes to disinfect)	1	1	2
Potassium Iodine	1	1	2
Instant Ice Pack	3	5	10
Antibiotic Ointment (Tube ~ Individual)	1 ~ 5	1 ~ 5	2 ~ 10
Burn Ointment	1	1	2
Eye Wash Solution	1	1	2
Caladryl	1	1	2
Tube of Petroleum Jelly or other Lubricant	1	1	1
Thermometer	2	2	2
Scissors	1	1	2
Tweezers	1	1	2
Sling	4	4	8
Basic Splint	4	4	8
Stretch Roller Gauze	4	6	8
CPR Shield	2	2	4
Benadryl or its Generic Brand	1	1	1

Note: If you have a member that has asthma, he/she MUST have doctor's note along with correct medicine (Pump, Albuterol and Nebulizer if needed.) Same applies to those with Life Threatening Allergies to the Environment or Foods (ie: Peanut, Tree Nuts.) Epi Pen MUST be brought along with all medicines prescribed by MD in a ZipLoc Bag with Doctor's Treatment Plan enclosed.

Parental Photo/Video & Liability Release Form

PARENTS OF MINORS 17 AND YOUNGER MUST COMPLETE THIS FORM



I, _____ hereby consent to and authorize the use and reproduction by the New Jersey Conference of Seventh Day Adventist Inc (NJ Youth Ministries Office), or anyone authorized by NJC Youth Ministries Office, of any and all photographs/video that have been taken of me and/or my child(ren) during NJC Youth Ministries events for any purpose, without compensation to me. All images--electronic, negatives and positives, together with the prints, are owned by NJC Youth Ministries. NJC Youth Ministries reserves the right to use these photographs/video in any of its print/electronic/web publications and video outputs.



I will not hold the NJC Youth Ministries or its members liable in any way for any injury sustained at _____ on _____, 20____ I also give my permission for those adults in charge to obtain any medical care they feel is necessary for my child(ren).



I hereby acknowledge that I have read and understood the terms of this release.

Allergy or medical information that relates to your child's health.



Child's Name (please print clearly)

Child's Name (please print clearly)

Child's Name (please print clearly)

Child's Name (please print clearly)

Child's Name (please print clearly)

Child's Name (please print clearly)



Please mail original copies to:
Youth Ministries
NJ Conference of Seventh Day Adventist Inc.
2303 Brunswick Avenue
Lawrenceville NJ 08048

Parent/Guardian Name (please print clearly)

Parent/Guardian Signature

Date

You must submit a copy of form & keep a copy on your person at all times



Medical Attention Permission Form

ADULTS 18 AND OLDER MUST COMPLETE THIS FORM

I _____ give permission to the NJC Youth Ministries, and those adults in charge, to obtain any medical care they feel is necessary on my behalf, during the _____ at _____ on _____, 20____ in the event that I become unconscious, incoherent, or am unable to obtain medical attention on my own.

I also will not hold the NJC Youth Ministries, or its members, liable in any way for any injury sustained.

Insurance Co. _____

Policy # _____

Please include any pertinent allergy or medical information that relates to your health.

Signature: _____

Phone: _____

Date: _____

You must submit a copy of form & keep a copy on your person at all times

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